Draft Bullet Points for the Legislative Session Talking Points:

Bullet point #1:

Under the heading of "Funding for prevention, workforce development, and research is needed":

"The Nevada Division of Health and Human Services is encouraged to systematically examine its policies and infrastructure and those of the Division of Public and Behavioral Health and SAPTA for ways of creating systemic changes that facilitate and even promote the inclusion of problem gambling prevention, workforce development, and research into existing DHHS and Division programs and funding streams."

Rationale for bullet point:

DHHS Advisory Committee on Problem Gambling's Mission:

To support effective problem gambling prevention, education, treatment, and research programs throughout Nevada.

Vision:

Improve the public health of Nevadans through a sustainable and comprehensive system of programs and services that reduce the impact of problem gambling.

The strengths and limitations of the current system in Nevada indicate that much is being done to address the issue of problem gambling with very little funding. However, programming has reached the upper limit of what can be done in treatment prevention, workforce development, and research with the narrow and limited stream of funding that currently exists. Moreover, many of the guiding principles delineated in the new Nevada Strategic plan cannot be followed within the current budgetary limits.

(Principles in the strategic plan):

The following principles guided the development of this strategic plan and will guide the implementation of the plan by DHHS grantees and others who will participate in its implementation.

- Work to reduce gambling related harm while maintaining a neutral position in neither being for or against legalized gambling.
- Support the mission and vision of the DHHS Advisory Committee on Problem Gambling.
- Enhance existing infrastructure whenever possible, rather than creating something new.
- Engage populations of highest need in designing programs and interventions for problem gambling and related issues.
- Work collaboratively across agency boundaries to make interventions more impactful.
- Address gambling through a public health lens, working at a community level to create norms and environments that support healthy behavior.
- Base priorities on data.
- Choose interventions based on evidence of efficacy and proven methods to increase success.
- Provide interventions along the entire Continuum of Services, with a priority on making treatment accessible, recovery supported, and increasing the focus on prevention as resources grow.
- Evaluate and adjust as the work progresses; make data driven decisions.

- Messaging to the public about responsible gambling and problem gambling awareness is provided in a manner that is non-blaming, hopeful, and supports the normalization of help seeking for persons with gambling related problems.
- When developing programs and materials, work collaboratively with consumer and provider communities.
- Strive to bring prevention efforts to the local level and create community empowerment.
- Don't develop and implement projects in isolation; utilize available resources, nurture existing partnerships and develop new ones.
- Cultural and linguistic competency will be the expectation and the rule.
- Prevention programs should enhance protective factors, reverse or reduce risk factors, and strategically take place when targeted populations are at key transition points.

In further support of creating policies and infrastructures that encourage incorporating problem gambling into existing programming are:

- the fact that problem gambling has been placed in Substance-Related and Addictive Disorders category in the DSM-5,
- an expanding body of scientific literature on problem gambling reveals many common elements with substance use disorders and mental and behavioral health, including the frequency of these disorders co-occurring,
- and, the principle of integrating problem gambling efforts into existing addiction efforts is becoming a best practice as has been demonstrated by the effectiveness and fiscal efficiency of community coalitions.

Bullet point #2 (also under the heading of "Funding for prevention, workforce development, and research is needed"):

"With the increase in the number of people being diagnosed with problem gambling disorder, adjustments to current policies and infrastructure for workforce development are crucial to facilitate problem gambling certification through the board of examiners for professionals who are already at the Masters level and are certified by other boards, and whose licensure already includes gambling disorder in their professional scope of work."

In addition to justifications already cited within the Mission, Vision, and the Nevada strategic plan, the following justifications for developing a streamlined process for training Masters level providers licensed by other boards includes:

- "Providing services" is not the same as certified treatment provider for gambling disorder.
- The lack of interns in the state and the expense of training interns has not increased the number of certified providers to be able to meet current demand.
- The cost of an internship through Board of Examiners of Alcohol, Drug and Gambling in addition to the clinical supervision and trainings required to turn out a qualified gambling counselor, is very expensive and may be reduced for this particular segment of providers.
- The unmet need in Nevada is not decreasing because there are limited counselors to handle the growing need, yet in many facilities Qualified Mental Health Professionals (QMHP) including Licensed Clinical Social Workers (LCSW), Marriage and Family Therapist (MFT), Certified Professional Counselor (CPC) are all licensed to be able to provide gambling counseling services even without certification.

- There is currently no incentive to grow the workforce by training those professionals for whom treatment of disordered gambling is already within their professional scope and allowing those already within organizations to provide the gambling services, and the “billing” rate currently for an MFT/LCSW/CPC is at the intern rates.
- QMHPs can do the co-occurring (or dual diagnosis) clients who are mentally ill, substance abusing, gamblers and can bill at a higher rate on fee-for-service Medicaid and outpatient counseling services through commercial insurances.
- This also builds the case for the SABG monies being opened up to “co-occurring” substance abusing gamblers.